No 13

An

Inaugural Dissertation

on

Pneumonic Inflammation.

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by

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Pneumonia has been divided by some Nosological Writers into Pleuritis, or inflammation of the Pleura: Peripneumonia when the parenchyma of the lungs is affected; Peripneumonia notha when the lungs are in an engorged or suffocated state; and Pleurodynia when the pleura or intercostal and adjacent muscles are attacked with a rheumatic affection.

Practically considered, these divisions are not important. Pneumonia vera and Pneumonia notha would be better substituted, the former embracing pleuritis and peripneumonia; and indeed there is no diagnostic by which we can distinguish one from the other: the both require the same mode of treatment.

This disease commonly commences with a severe pain in the side, attended with a cough, difficulty of breathing, and also with a strong hard and frequent pulse.

The difficulty of breathing is a symptom never absent.

The pain is greatest during inspiration. the reason of which is obvious:- It causes a distention of the inflamed part, ~~which~~

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which in some cases is almost intolerable. The breath is more than usually hot, particularly when the inflammation ~~was hot~~ is excessive. The pain is frequently situated about the middle of the sixth, or seventh rib, often under the Sternum, and sometimes under the shoulder. However this is a subject which has been much disputed: by many of the Physicians it is asserted that the seat of the pain is almost universally in the right side, while others contend it is found more frequently in the left. But to see it oftener in one side than the other has not fallen within my observation: both sides are liable to its attack. Probably its affecting either side more frequently than the other in any case is merely accidental — with one Physician a majority of cases attacking the right side, whilst with another Physician, the left. From the circumstance of the lungs ~~and~~ every part of the surrounding membrane being subject to the disease; and the right side having three lobes and the left two; we might infer that in the right side, the pain would more frequently have its locality than in the left.

The cough is a constant and very distressing symptom; and where the pain is severe is most excruciating

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At first it is dry; but soon becomes humid, – the matter expectorated in this early stage, thin, soon becomes thicker; and as the disease advances varies much in its consistency and appearance. The prognosis depends much on the Cough and Kind of matter expectorated:– When there is no expectoration the prognosis is bad; when the matter expectorated is bloody, it may be considered better than the former, tho' still not very favourable. The matter expectorated being of a greenish or brown colour; or being of a thin and acrid nature, preceded by a rattling in the throat before the matter is brought up, is an unfavourable symptom. A ~~copious~~ copious and free expectoration of white or yellowish matter, bland and of considerable consistence, is a much more happy prognostic. The pulse at the commencement is full, hard and frequent; the face becomes flushed; the skin hot and dry; the urine generally scarce and high coloured, although sometimes limpid and copious: the tongue dry and covered with a white fur, accompanied with considerable thirst.

These are the most prominent symptoms of Pneumonic inflammation, in its commencement and in its different stages of progress; its termination, which now deserves to be considered

is threefold:- Resolution, suppuration and Gangrene. When it terminates in resolution, there is almost in every case some evacuation; as hemorrhagia from the nose; or hemorrhoidal veins; but a copious and free expectoration is the most frequent. The termination in suppuration is of rare occurrence. Indeed, I think it should never occur, if the physician is called in at a proper period. One case alone of this kind is in my recollection: there the abscess burst, and more than a quart of matter was expectorated in the course of a few hours. The patient recovered in two or three months, and remains free from disease without either cough, or discharge from the lungs.

The termination in Gangrene is of very rare occurrence. This disease is produced by sudden vicissitudes of the temperature; or from cold applied to the surface of the body. The robust and strong are most subject to this disease.

The treatment of Pneumonia, like all other of the Phlegmasia is divided into general and local. About the propriety of blood letting, ~~in the~~

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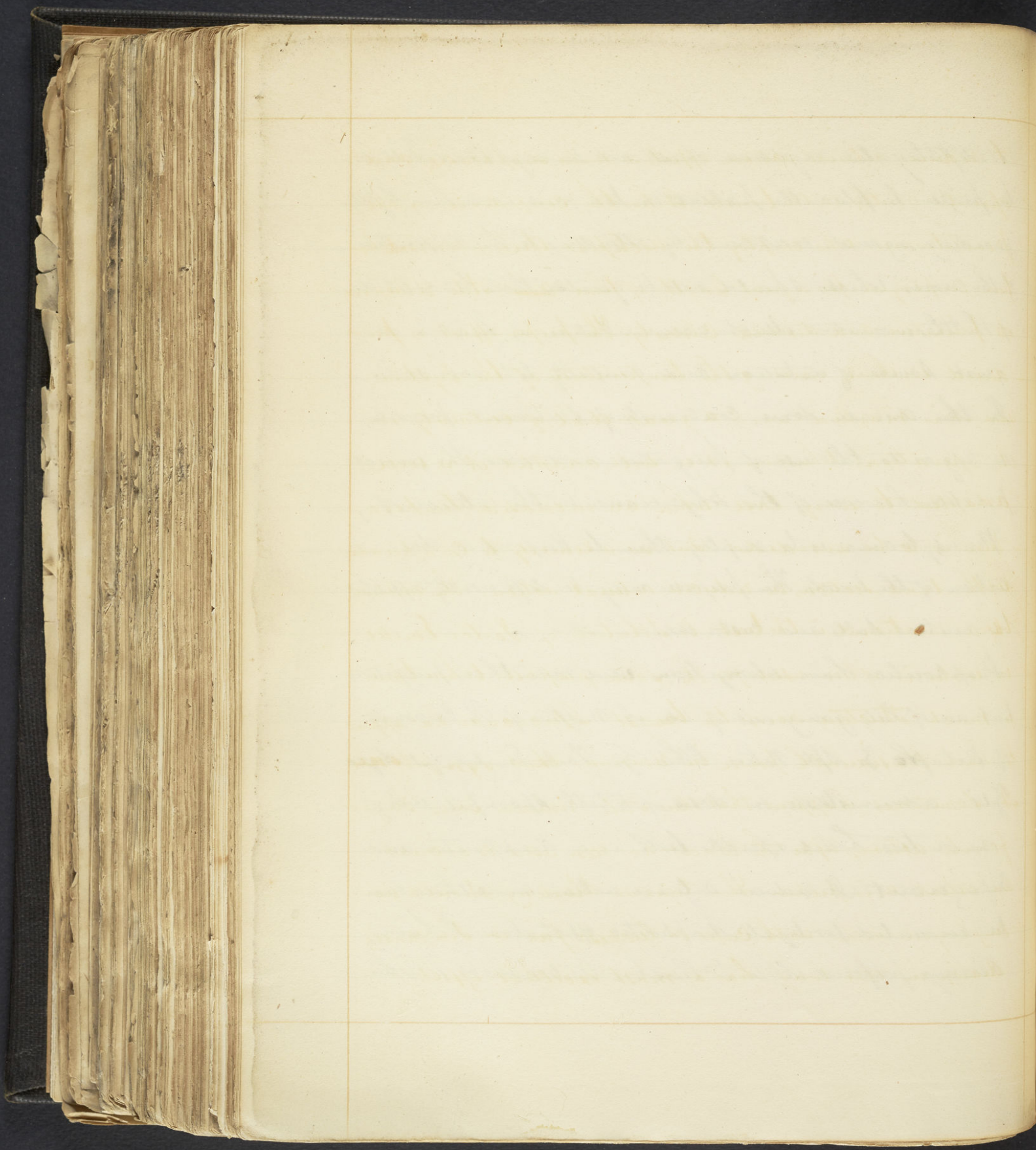
as a remedy in this disease, there appears to be no doubt. Consulted in the commencement of a case of high inflammatory action, all practitioners, in this particular, concur. The best general direction is to draw blood till a remission of the pain, or a disposition to syncope be induced. It is immaterial whether the quantity detracted be ℥VI or ℥XLVIII; but attention must be had to cause it to flow with all possible rapidity; the impression made on the disease by ℥XVI detracted suddenly is greater than double the quantity drawn from a small orifice. This fact is so well established, that some have recommended a vein to be opened in both arms at the same time. The remission of pain produced by the first bleeding is generally very transient; the pain in a short time returning with its original violence. Venæ section must again be resorted to;- sometimes to the extent of the first bleeding; but most generally the symptoms yield with a less quantity.- The bleeding may be continued till the cough and hard pulse disappears. During the time bleeding is employed, the

Antiphlogistic regimen must not be neglected. It will be proper to place the patient in bed and cover him lightly, guarding against excitement by attending to the temperature of the room, which should not be greater than 60 or 65 degs. of the thermometer. Much accumulation of heat is a great source of irritation and carefully to be avoided.
In this disease, some contrariety of sentiment prevails, as regards the use of purgative medicines. The general practice however of the Physicians, in the interior of Pennsylvania, is, to employ them to keep up a due action of the bowels. This purpose may be sufficiently effected by neutral Salts and Castor oil.
Diaphoretics have always been used more than purgatives, but are of late going out of use. A Mixture of R. Carbonate of Potash ℥i Spts Nitros Æthr ℥i Tart. Emetic gr. i Aquæ ℥vi administered in doses of a table spoonful every one or two hours, operates both as a diaphoretic and refrigerant. It reduces arterial action more than can be accounted for by its diaphoretic effects alone. I have always preferred it to Dr Rushes Antimonial Powder.



It reduces arterial action, effects a mild diaphoresis, and operates gently on the bowels. It has the confidence of all practitioners who employ the Asclepias decumbens, and has been employed for a great length of time ~~and~~ still retaining its primitive and deserved celebrity. The proper effect is produced without raising the temperature of the system, and it is marked with a great deal of certainty in its operation; whereon it is well adapted it is well adapted to every case when an increased temperature is to be avoided. But as a remedy to co operate with vena section, in reducing arterial action, the mixture before mentioned is the best. A Solution of Tartar Emetic in water is often used for the same purpose. When there is much stricture across the breast Ipecacuanha appears to have considerable power in removing ~~that~~ symptoms. It sometimes happens, that there still remains some slight febrile action, after the lancet has been used to as great an extent as is proper. Then topical bleeding should be employed either with cups or leeches: five or six ounces drawn in this way has a most excellent effect.

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Fomentations and the application of warm bags of oats ashes &c may sometimes be used with the happiest effect. Sometimes it happens from the too free use of the lancet and other depleting remedies the disease assumes a Typhoid form. In this case a combination of Opium, Camphor, Calomel and Ipecacuanha stand unrivalled; These combinations if the cough continues harass and expectoration scarce, will remove these symptoms and induce a moderate salivation, which commonly eradicates every vestage of the disease, obviating the danger of Phthisis Pulmonalis. Hydrothorax &c.

Next to bleeding Blisters are of the most importance. They should never be applied till the lancet is perhaps altogether performed its office, then by extinguishing the lingering pain in the thorax and arresting the further progress of the disease are a remedy of incalculable worth. When too early resorted to, they only distress the patient and being a great source of irritation aggravate the symptoms they were intended to cure.

But when the preceding treatment justify it, the blister should be large, and applied immediately over the seat of the pain. If the symptoms are obstinate and do not yield to the first blister it should be reapplied to the same place as soon as it becomes dry.

The drinks throughout the disease should be bland and demulcent: Barley water, Bran Tea, Flaxseed tea, toast and water, Molasses whey, Apple water, Currant jelly and water, may be given to any extent agreeable to the patient.

As an expectorant, a decoction of Seneka Snakeroot may very properly be used, when copiously taken has also a diaphoretic effect.

Opium should never be employed in the commencement of the disease; nor untile arterial action be reduced, notwithstanding, it is an invaluable remedy to allay Pulmonary irritation - it forms the base of almost every cough mixture.

Perhaps the best demulcent and expectorant combination to remedy the cough consists of ℞. Spermaceti ℥ij rubbed in the yolk of an egg
Elix paregoric. ℥ss vin. antimonial and ℥ss Nitros Æther
a a ℥ij and of Loaf sugar enough to render
the mixture agreeable. Water ℥vi Dose a tabl spoonful when the cough
is urgent. The Brown mixture recommended by Dr
Chapman may answer as well, and probably
better; but I have been so well satisfied with
the effect of the first, that I have rarely employ'd
any other.